AO83 (Rev. 12/85) Summons in a Criminal Case

United States District Court DISTRICT OF DELAWARE UNITED STATES OF AMERICA SUMMONS IN A CRIMINAL CASE **GARY ARTERS** Case Number: 05CR084-SLR (Name and Address of Defendant) YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below. Place Room J. Caleb Boggs Federal Building #100 U.S. Marshal's Office - Deft. 844 N. King Street To Report By: 4:00 p.m. Date and Time Wilmington, DE 19801 9/28/05 at 4:30 p.m. THE HONORABLE SUE L. ROBINSON, U.S. DISTRICT JUDGE To answer a(n) ☐ Violation Notice ☐ Probation Violation Petition ☐ Indictment Information ☐ Complaint United States Code, Section(s) 1029(a)(5) Charging you with a violation of Title 18 Brief description of offense: OCT - 3 2005 ACCESS DEVICE FRAUD U.S. DISTRICT COURT DISTRICT OF DE 9/20/05 Signature of Issuing Officer PETER T. DALLEO, CLERK Name and Title of Issuing Officer

	RET	TURN OF SERVICE	
Ser	vice was made by me	Date	
	Check one box below to	o indicate appropriate method of service	
×	Served personally upon the defendant at:	lia Cert. poré	_
	Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was		
	Returned unexecuted:		-
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info Ret	turned Date	Name of United States of America that the foregoing true and correct. Name of United States Marshal (by) Deputy United States Marshal	
Rer	marks:		_, i

As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

Case 1:05-cr-00084-SLR Document 12 Filed 10/03/2	2005 Page 3 of 3.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to 14 back to mallpiece, or on the front seed to: Cary Arters	A gent Address B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, after delivery address below:
Bear, DE	3. Service Type Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7002 2410 000	6 7675 9794 Sum
PS Form 3811, August 2001 Domestic Ro	turn Receipt 102595-02-M-15

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